

Doctor's Telephone Number: _____

Doctor's Address: _____

Doctor's Name: _____

HEALTHCARE BUILT FOR YOU

MY BLOOD PRESSURE WALLET CARD

BLOOD PRESSURE MEASUREMENT:

Before:

- Rest for 5 minutes
- Don't smoke or ingest caffeine for 30 minutes

During:

- Sit with feet flat on floor, back and arm supported, arm at heart level

After:

- Record measurement in diary

IMPORTANT:
TAKE PRESCRIBED BLOOD PRESSURE DRUGS AS DIRECTED BY YOUR DOCTOR

- QUESTIONS FOR YOUR DOCTOR:**
- What is my blood pressure?
 - What is my goal blood pressure?
 - Should I change my diet?
 - Is it safe to exercise?
 - What is the name of my medication?
 - Is there a generic name?
 - What are possible side effects?
 - What time should I take medication?
 - With or without food?
 - What if I forget to take medication?

Date	B/P
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

LIFE STYLE CHANGES

Talk with your doctor about the lifestyle changes that are appropriate for you. Check off the lifestyle changes you are going to make to help lower your blood pressure.

- Quit Smoking - reduce cardiovascular risk
- Maintain a healthy weight
- Reduce use of salt - don't add when cooking and read food labels
- Limit alcohol intake to no more than 1-2 drinks per day
- Do aerobic activity for at least 30-45 minutes on most days
- Increase the amount of fruit and vegetables in your diet
- Maintain adequate calcium and magnesium by adding milk products and/or daily supplement
- Remember to take your blood pressure medication

MY BLOOD PRESSURE GOAL IS:

ADULT BLOOD PRESSURE CLASSIFICATION:

CLASS	SYSTOLIC	DIASTOLIC
Normal:	120 or lower	& 80 or lower
Pre-hypertensive:	120-139	OR 80-89
High:	> 140	OR > 90

HIGHER THAN 180/110 - IMMEDIATE ACTION IS NEEDED.
 Have someone take you DIRECTLY to the Clinic or ER.